

taxes ought to be outraged by AIG's decision to pay out such bonuses.

I returned from Wyoming this morning, and in the airport and on the plane, this is the topic people are talking about—taxpayers who are expecting value for their hard-earned taxpayer dollars, people who are asking about accountability, and people who are asking about oversight, saying: What in the world is going on back there in New York and in Washington?

While I understand that AIG has contractual obligations to fulfill, they also have an obligation to the American taxpayer, who now holds nearly 80 percent of the ownership of AIG stock.

To date, AIG has received nearly \$175 billion in taxpayer assistance. Similar to any publicly traded company, AIG must be accountable to shareholders, and the shareholders here are the American people.

This money was intended to serve as a liferaft to keep the company afloat. It was never intended to reward AIG employees for the trouble they have caused for our economy.

It is insulting to all taxpayers to see that their hard-earned money is being spent to save a company that doesn't appear to be willing to make the necessary sacrifices to save itself.

Unfortunately, the same irresponsible behavior that got AIG into this mess appears likely to keep them there. They say it is a contract, but if the American public owns 80 percent of the stock, the American taxpayers are the owners. Therefore, I say, show us these contracts that allow for this sort of retention bonus. The American public, the taxpayers, have a right to expect to see each and every one of these contracts.

You may say: Why is it the Treasury didn't demand that these contracts be renegotiated when we sent that first pile of money to AIG last year, the \$85 billion? The people of America get it, and now they say: Who is watching this? There has been a response letter written from the AIG CEO—the chairman and CEO—talking about this contractual agreement, this decision to pay these kinds of bonuses. He talks about his commitment to the future. He says: AIG hereby commits to use best efforts to reduce expected 2009 retention payments by at least—listen to this—30 percent. They are going to use their best efforts, so 2009 bonus payments are reduced by at least 30 percent.

Are we still talking about \$100 million in bonus payments for a company we continue to bail out? Any American taxpayer who reads that has to be offended by this approach to say we are going to pay bonuses again in 2009.

He goes on to say in his letter that they cannot attract and retain the best and the brightest talent to lead and to staff the AIG business if the employees believe their compensation is subject to continued and arbitrary adjustment by the U.S. Treasury. Arbitrary? Continued? Bring it out there and let the

owners of the company—the American people—make that decision. The American public will say they want accountability, oversight, and they want value for their taxpayer dollars. It is not what the American taxpayers are getting today from AIG.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Ms. MIKULSKI. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Ms. MIKULSKI. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

WAKEFIELD ACT

Mr. HATCH. Mr. President, I wish today to speak in support of S. 408, legislation that I introduced along with my colleague, Senator INOUE, to reauthorize the Emergency Medical Services for Children, EMSC, Program administered by the Department of Health and Human Services', HHS, Health Resources and Services Administration's, HRSA, Maternal and Child Health Bureau, MCHB. It is fitting that we do this in the year of the program's 25th anniversary.

The purpose of the EMSC Program is straightforward: to ensure state-of-the-art emergency medical care for ill or injured children and adolescents. Children have different medical needs than adults, and that presents special challenges for emergency and trauma care providers. These differences do not solely relate to medical supplies. They are also physiological and emotional. Not only will an adult-sized facemask not adequately administer oxygen to a child; but, for example, children's respiratory systems function differently, so they are more at risk for inflammation and infection; and they maintain fluid balances differently and thus are more prone to dehydration and death due to blood and fluid loss. Kids even may not be old enough or sufficiently cognizant to communicate what exactly is wrong with them or how they got hurt.

The EMSC Program has helped educate and train medical professionals to provide emergency care for children appropriately, because children are not just small adults.

The program has made extraordinary contributions in its 25 years—but disparities in children's emergency care still exist. According to the Institute of Medicine, IOM's 2006 report: "Emergency Care for Children: Growing

Pains," children account for nearly one-third of all emergency department visits, yet many hospitals are simply not prepared to handle pediatric patients. The IOM reported that only 6 percent of EDs in the United States have all of the necessary supplies to appropriately handle children's emergency care.

I am proud that my home State of Utah has played a special role in advancing the level of emergency medical care for children and teenagers. Working with the EMSC Program, Utah has participated in the Intermountain Regional Emergency Medical Services for Children Coordinating Council. The University of Utah is home to both the National Emergency Medical Services for Children Data Analysis Resource Center, NEDARC, and the Central Data Management Coordinating Center, CDMCC, for the Pediatric Emergency Care Applied Research Network, PECARN. Utah-based projects also helped pioneer the development of training materials on caring for special needs pediatric patients.

Each year, representatives of Utah's medical workforce come to visit and talk about the wonderful accomplishments and importance of the EMSC Program.

The IOM report also recommended doubling the EMSC Program budget over the next 5 years. Over the past several years, there has been a heightened interest in emergency preparedness and emergency services coordination. Despite this, there has been little concern with pediatric emergency readiness. The interest and financial support has gone to predominately support communications and coordination of local, State, and Federal emergency resources. The focus has been on the general population, on adult care; there is not a national strategy to address the complex emergency care needs of children. In light of the recent and current events related to national readiness, such as a potential influenza outbreak, bioterrorist attack, or natural disaster, children's readiness must also be acknowledged and funded.

The EMSC Program last expired in 2005. EMSC remains the only Federal program dedicated to examining the best ways to deliver various forms of care to children in emergency settings. Its reauthorization is long overdue.

The House passed its version of the EMSC reauthorization bill in April of last year by an overwhelming vote of 390 to 1; but, unfortunately, the Senate was not able to take up the bill before the 110th Congress adjourned. While I surely understand the uncertainties of the Senate's legislative agenda, I am disappointed we were unable to pass this very important reauthorization legislation to which there was no opposition.

S. 408 contains the same language that received such tremendous bipartisan support, and I urge my colleagues to support its timely passage.